DEC D A 2010 SUN

Patent Attorney's Docket No. <u>032304-040</u>

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

ARY In ro D	etent Application of	١	MS NON-FEE AMENDMENT					
In re Patent Application of		)	MS NON-FEE AMENDMENT					
John F. Shanley			Group Art Unit: 3731					
Application No.: 10/057,414		)	Examiner: Michael H. Thaler					
Filed:	January 25, 2002	)	Confirmation No.: 9725					
For:	EXPANDABLE MEDICAL DEVICE WITH TAPERED HINGE	)						
	AMENDMENT/REPLY TI	RAI	NSMITTAL LETTER					
	issioner for Patents		RECEIVED					
P.O. Box 1450 Alexandria, VA 22313-1450			DEC 0 9 2003					
Sir:			TECHNOLOGY CENTER 1.3700					
Eı	nclosed is a reply for the above-identified pat	ent						
[	[ ] A Petition for Extension of Time is also enclosed.							
[	[ ] A Terminal Disclaimer and the [ ] \$55.00 (2814) [ ] \$110.00 (1814) fee due under 37 C.F.R. § 1.20(d) are also enclosed.							
[	[ ] Also enclosed is/are							
[	[ ] Small entity status is hereby claimed.							
[	[ ] Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the [ ] \$375.00 (2801) [ ] \$750.00 (1801) fee due under 37 C.F.R. § 1.17(e).							
	[ ] Applicant(s) requests that any previentered. Continued examination is identified above.	ous req	ly unentered after final amendments <u>not</u> be uested based on the enclosed documents					
	[ ] Applicant(s) previously submitted _ requested.	,	on, for which continued examination is					
	does not exceed three months from	the	tion by the Office until at least, which filing of this RCE, in accordance with the ender 37 C.F.R. § 1.17(i) is enclosed.					

Amendment/Reply Transmittal Letter Application No. <u>10/057,414</u> Attorney's Docket No. 032304-040 Page 2

- A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) [ ] (1809/2809) is also enclosed.
- [X] No additional claim fee is required.
- An additional claim fee is required, and is calculated as shown below: []

		AMENDED	CLAIM	S		
	No. OF CLAIMS	Highest No. Of Claims Previously Paid for	EXTRA CLAIMS	RATE	ADD'L FEE	
Total Claims	37	MINUS 53 =	0	× \$18.00 (1202) =	0	
Independent Claims	2	MINUS 7 =	0	× \$84.00 (1201) =	0	
If Amendment adds multiple dependent claims, add \$280.00 (1203)						
Total Claim Amendment Fee						
If small entity status is claimed, subtract 50% of Total Claim Amendment Fee						
TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT						

[	]	Charge \$	_to Deposit	Account	No.	02-4800.
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The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Date: December 3, 2003

Kirk M. Nuzum

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P.O. Box 1404 Alexandria, Virginia 22313-1404 (650) 622-2300

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

John F. Shanley

Application No.: 10/057,414

Filed: January 25, 2002

For: EXPANDABLE MEDICAL DEVICE WITH TAPERED HINGE

MS NON-FEE AMENDMENT

Group Art Unit: 3731

Examiner: Michael H. Thaler

Confirmation No.: 9725

## AMENDMENT AND REPLY

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the Official Action dated September 4, 2003, please amend the above-identified application as follows:

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**DEC 0 9** 2003

TECHNOLOGY CENTER HULCH